

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		04-24-01
O.I.P.E. CLASSIFIER		1/2	5/15/01
FORMALITY REVIEW	H.S	866	06/14/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	0
7	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here